2024 Health Benefit Costs

	Single		2 Adults		Parent & 1 Child		Parent and Children		Family	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Medical - DA 8	$1,025.44	$12,305.28	$2,050.87	$24,610.44	$1,804.77	$21,657.24	$1,804.77	$21,657.24	$2,819.95	$33,839.40
Medical - DA 10	$933.15	$11,197.80	$1,866.29	$22,395.48	$1,642.34	$19,708.08	$1,642.34	$19,708.08	$2,566.16	$30,793.92
Medical - EPO	$861.71	$10,340.52	$1,723.42	$20,681.04	$1,516.61	$18,199.32	$1,516.61	$18,199.32	$2,369.71	$28,436.52
Prescription $10/$20	$260.00	$3,120.00	$562.00	$6,744.00	$381.00	$4,572.00	$381.00	$4,572.00	$667.00	$8,004.00
Delta Dental	$34.17	$410.04	$58.81	$705.72	$58.81	$705.72	$97.04	$1,164.48	$97.04	$1,164.48
DSO Dental	$23.90	$286.80	$46.59	$559.08	$46.59	$559.08	$79.63	$955.56	$79.63	$955.56
United Healthcare Vision	$4.42	$53.04	$7.45	$89.40	$7.79	$93.48	$7.79	$93.48	$10.78	$129.36
Teamsters Vision	$15.60	$187.20	$15.60	$187.20	$15.60	$187.20	$15.60	$187.20	$15.60	$187.20
Total DA8 w/Delta	$1,324.03	$15,888.36	$2,679.13	$32,149.56	$2,252.37	$27,028.44	$2,290.60	$27,487.20	$3,594.77	$43,137.24
Total DA8 w/DSO Dental	$1,313.76	$15,765.12	$2,666.91	$32,002.92	$2,240.15	$26,881.80	$2,273.19	$27,278.28	$3,577.36	$42,928.32
Total DA8 TEAMSTERS w/Delta	$1,335.21	$16,022.52	$2,687.28	$32,247.36	$2,260.18	$27,122.16	$2,298.41	$27,580.92	$3,599.59	$43,195.08
Total DA8 TEAMSTERS w/DSO Dental	$1,324.94	$15,899.28	$2,675.06	$32,100.72	$2,247.96	$26,975.52	$2,281.00	$27,372.00	$3,582.18	$42,986.16

Note: Medical and Delta Dental are self insured and costs are based on COBRA Rates not including the 2% admin fee, per NJ Chapter 78.

1/2024 sz